

LG200B Organization Officers Affidavit

Affidavit of Qualification of Officers for an Organization License and Consent Statement pursuant to Minnesota statutes

Organization Information

1. Organization name _____ License number _____
2. Business address _____ City _____ Zip Code _____
[may not be the address of the gambling manager, treasurer, accountant, or leased site address]

Officer Information

3. Check the position: ☐ Chief executive officer ☐ Treasurer
4. Effective date of officer change _____
5. Officer's first name _____ Middle name _____ Last name _____ Previous name _____
6. Home address _____ County _____
7. City _____ State _____ Zip code _____
8. Date of birth _____
9. Officer's daytime phone number _____
10. e-mail address [optional] _____

Acknowledgment

I affirm that the information stated above is accurate and that:

- I have never been convicted of a felony or gross misdemeanor involving theft or fraud.
- I have never been convicted of a crime involving gambling.

In addition, I understand, agree, and hereby irrevocably consent that suits and actions relating to the subject matter of the organization license application, or acts or omissions arising from such application, may be commenced against my organization and I will accept the service of process for my organization in any court of competent jurisdiction in Minnesota by service on the Minnesota Secretary of State of any summons, process, or pleading authorized by Minnesota laws.

By signature of this document, the undersigned authorizes the Department of Public Safety to conduct a criminal background check or review and to share the results with the Gambling Control Board.

Failure to provide required information or providing false or misleading information may result in the denial or revocation of the license.

If this form is being submitted for a change in the chief executive officer, the chief executive officer also affirms that: I am the chief executive officer of the organization; I assume full responsibility for the fair and lawful operation of all activities to be conducted; and I will familiarize myself with Minnesota laws governing lawful gambling and rules of the Board, and agree to abide by those laws and rules, including amendments to them.

Signature _____ **Date** _____

Fax to 651-639-4032 or mail to:

Gambling Control Board
1711 W County Road B, 300 South
Roseville, MN 55113

Questions: Call the Licensing Section of the Gambling Control Board at 651-539-1900. This form will be made available in alternative format (i.e. large print, Braille) upon request.

Data privacy notice: The information requested on this form and any attachments will become public information when received by the Board, and will be used to determine your compliance with Minnesota statutes and rules governing lawful gambling activities